

## UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

## APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:** In the fields in this section, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov Screen Receipt or the Payment Confirmation e-mail.

<b>Your Name:</b> Rebecca Williford	<b>Your Phone Number:</b> (510) 529-3423
<b>Your Email Address:</b> rwilliford@dralegal.org	<b>Full Case Number (if applicable):</b> 3:17-cv-01876-VC
<b>Pay.gov Tracking ID Number:</b> 261MLNPF	<b>Fee Type:</b> <input type="checkbox"/> Attorney Admission <input checked="" type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus
<b>Agency Tracking ID Number:</b> 0971- 11289526	
<b>Transaction Date:</b> 04/05/2017	
<b>Transaction Time:</b> 11:57 AM	
<b>Transaction Amount (Amount to be refunded):</b> \$ 400.00	
<b>Reason for Refund Request:</b> I was incorrectly charged twice for filing the Complaint. The reason for the double-charge is because during the first attempt to file the Complaint, after already paying the filing fee, I needed to fix an error on a previous screen. Since I had already paid, it was not possible to go back and fix the error. Thus, I was forced to abort this attempt and restart the filing of the Complaint. This required a new filing fee of \$400, which we have paid and are not requesting a refund for.	

**Efile** this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND. View detailed instructions at: [cand.uscourts.gov/ecf/payments](http://cand.uscourts.gov/ecf/payments). For assistance, contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday -Friday 9:00 a.m.-4:00 p.m.

## FOR U.S. DISTRICT COURT USE ONLY

Refund Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied - Resubmit Amended Application (see Reason for Denial)
Approval/Denial Date:	Request Approved/Denied By:
Pay.gov Refund Tracking ID Refunded:	
Agency Refund Tracking ID Number:	
Date Refund Processed:	Refund Processed By:
Reason for Denial (if applicable):	
Referred for OSC Date (if applicable):	